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LICENSE NUN	MBER: 081800001		CITY OR TOWN	NORFOLK	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013	
		CLASS		YEAR	
LICENSEE NA	AME: KOB INC.				
DOING BUSIN	NESS A HORSE N'CAR	RIAGE REST.			
ADDRESS 210	DEDHAM ST.				
CITY/TOWN:	NORFOLK	STATE: MA	ZIP CODE:	02056	
MANAGER:	O'BOY, KEVIN M. T	YPE OF LICENSE: Res	staurant C	ATEGORY: All Alcol	hol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
	N OF LICENSED PREM				
WOODEN BLI STORAGE IN	DG. WITH A RESTAUF BASEMENT.	RANT ON THE FIRST	FLOOR; KITCHE	EN, OFFICES AND	
I hereby certify	and swear under penalti	es of perjury that:			
1. the 1	renewed license will be o	of the same type for the	same premises now	licensed;	
	licensee has complied wi		C	to taxes; and	
3. the ₁	premises are now open for	or business (If not expla	ain below)		
SIGNED BY	Individual Partn	er or Authorized Corpo	orate Officer		
	11102 / 100011, 1 01011	or or running of Corp.	71416 G111661		
DATE:	TEI EDHO	NE NUMBER:	EMPLOYE	R IDENTIFICATION NUMB	ER:
	TELETIO	NE NOMBER.		dividual Social Security Numb	
W. 4b 1		! (1) 41-	4:6: 4	1 h Ch4 204 - 64	41
	signed, attest that we a signed by the building i				ıne
named license of 2010.	e and (2) the certificate	of liquor liability insu	rance required by	Chapter 116 of the Ac	ets
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVE	<u> </u>				
(If disapproved	explain)				
					•
DATE:			-		
APPLICATION FOR	RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF NOVEMBER (N	M.G.L. Ch. 138 \$ 16A)	



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LICENSE NUMBER: 081800002	CITY (OR TOWN NORFO	OLK
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	R 2013
	CLASS		YEAR
LICENSEE NAME: GUIDO'S RESTAURANT, DOING BUSINESS A ADDRESS 218 DEDHAM ST.	NC.		
CITY/TOWN: NORFOLK STA	TE: MA ZIP	P CODE: 02056	
	CENSE: Restaurant		Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL ADDR!	ESS	
DESCRIPTION OF LICENSED PREMISES: ONE STORY BLDG. CONSISTING OF KITCHE 4000 SQ. FT. AND BASEMENT STORAGE. SM BAR STOOLS.			
1. the renewed license will be of the same 2. the licensee has complied with all laws 3. the premises are now open for business	type for the same pro of the Commonwealt	th relating to taxes; an	
SIGNED BY Individual, Partner or Author	orized Corporate Off	icer	
DATE: TELEPHONE NUMB		EMPLOYER IDENTIFICATION ENDER INC. END	
We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector a named license and (2) the certificate of liquor liquor 10 of 2010.	nd the head of the f	fire department for	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCA By:	AL LICENSING AU	THORITY
DATE:			



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LICENSE NUMBER	:081800003		CITY OR TOWN	NORFOLK	
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	EAGLE BROOK MA	ANAGEMENT CO	RP.		
DOING BUSINESS	A EAGLE BROOK S	ALOON			
ADDRESS 258 DED	HAM ST.				
CITY/TOWN: NOR	RFOLK	STATE: MA	ZIP CODE:	02056	
MANAGER: HOR	NE, CHARLES TYPE	OF LICENSE: Res	staurant CA	ATEGORY: All Alcoho	ol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMISE	ES:			
	H A BAR ON THE M ON A 50 X 8 PORCH (AGE.				
I hereby certify and s	wear under penalties o	f perjury that:			
1. the renewe	ed license will be of th	e same type for the	same premises now	licensed;	
	ee has complied with a		_	taxes; and	
3. the premis	ses are now open for b	usiness (If not expla	nin below)		
SIGNED BY	Individual, Partner o	r Authorized Corne	urata Officar		
	marviduai, i artiici o	i Addiorized Corpe	orate Officer		
DATE:	TELEPHONE	NIIIMDED.	EMPI OYER	IDENTIFICATION NUMBER	R·
	TELEFHONE	NOMBER.		ividual Social Security Number	
Acts of 2004, signed	by the building insp	ector and the head	l of the fire departn	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts	
Please Check Below:			LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ın <i>)</i>				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 081800005		CITY OR TOWN	NORFOLK	
APPLICATION FOR RENEWAL:		Annual	LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NAME:	LESVOS, INC				
DOING BUSINESS	A PROVO DISC	COUNT LIQUORS			
ADDRESS 282 DEI	OHAM ST				
CITY/TOWN: NO	RFOLK	STATE: MA	ZIP CODE:	02056	
MANAGER: FOR BRU		ΓΥΡΕ OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PRE	MISES:			
AN AREA CONTAI WITH THE BOARI		FT., FRONT PART OF	BLDG. AS SHOWN	ON A PLAN FILED	
	=	with all laws of the Com for business (If not expl	_	o taxes; and	
	Individual, Part	tner or Authorized Corp	orate Officer		
DATE:	TELEPH	ONE NUMBER:		IDENTIFICATION NUMBER:	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHORITY	
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 081	800007	CITY OR TOWN NORFOLK			
APPLICATION FOR REN	NEWAL: Annual	LICENSED FOR	2013		
	CLASS		YEAR		
LICENSEE NAME: Sart DOING BUSINESS A No					
ADDRESS 10 ROCKWO	OD RD				
CITY/TOWN: NORFOL	K STATE: N	MA ZIP CODE: 02056			
MANAGER: Vyas, Kau	shal TYPE OF LICENSE	:Package Store CATEGORY	: Wine and Malt Regular		
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS			
DESCRIPTION OF LICE	NSED PREMISES:				
ONE FLOOR, CELLAR F	OR STORAGE.				
3. the premises are	e now open for business (If not e				
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	081800011		CITY	ORIOW	N NORFOLK	Y
APPLICATION FOR I	RENEWAL:	Annua	ıl	LIC	ENSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME: S DOING BUSINESS A ADDRESS 158 MAIN	LINDA'S VAR					
CITY/TOWN: NORF		STATE:	MA 7	IP CODE:	02056	
MANAGER: PATEL					CATEGORY:	All Alachal
	A, FRAVIII I	TTE OF LICENS	E. Fackage	31016	CATEGORI.	All Alcohol
EMAIL ADDRESS:	FASE ALSO VISIT OUD	WEBSITE AND ENTER	VOLID EMAIL AD	DDESS		
DESCRIPTION OF LI			TOUR EMAIL AD	DRESS		
2160 SQ FT OF RETA						
2. the licensee	license will be on has complied with	of the same type f th all laws of the or business (If no	or the same Commonwe	alth relatin		
SIGNED BY	Individual, Partn	er or Authorized	Corporate C	Officer		
DATE:	TELEPHO	NE NUMBER:			YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LO By:		NSING AUTH	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	81800012		CITY OR TOV	VN NORFOLK	Y
APPLICATION FOR R	ENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: N DOING BUSINESS A ADDRESS 206 DEDHA	AM STREET				
CITY/TOWN: NORFO	OLK	STATE: MA	ZIP CODE	: 02056	
MANAGER: SWAM	Y,NARAIN TYI	PE OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LIC FIRST FLOOR, 1500 S EMERGENCY ONLY.	Q FT, UNITS A		ANCES, TWO	EXITS- ONE	
2. the licensee 3. the premises SIGNED BY	license will be of has complied with are now open for	the same type for the all laws of the Combusiness (If not exp	monwealth relation		
•	narviadai, i druici	of Humorized Corp	orate officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICI By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMBI	ER: 081800013		CITY OR TOW	N NORFOLK			
APPLICATION FO	OR RENEWAL:	Annual	Annual LICENSED FOR 2013				
		CLASS			YEAR		
DOING BUSINES ADDRESS 10 PIN	E ST.	.P					
CITY/TOWN: NO	ORFOLK	STATE: MA	ZIP CODE:	02056			
MANAGER: TE	AGER, TOM T	TYPE OF LICENSE: Ger pre	neral on mise	CATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS	S:]		
DESCRIPTION O	PLEASE ALSO VISIT OU F LICENSED PREI	R WEBSITE AND ENTER YOUR EN MISES:	4AIL ADDRESS				
I hereby certify and	d swear under penal	ties of perjury that:					
-	=	of the same type for the	same premises no	w licensed;			
2. the licer	nsee has complied w	vith all laws of the Comm	nonwealth relating	g to taxes; and			
3. the pren	nises are now open	for business (If not expla	ain below)				
SIGNED BY	Individual, Part	ner or Authorized Corpo	orate Officer				
DATE:	TELEPHO	ONE NUMBER:		ER IDENTIFICAT			
Acts of 2004, sign	ed by the building	are in possession (1) the inspector and the head of liquor liability insu	d of the fire depar	rtment for the	above		
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICEN By:	NSING AUTH	ORITY		
(If disapproved exp	olain)		-				
DATE:							
APPLICATION FOR REN	EWAL MUST BE FILED B	Y LICENSEES DURING THE M	ONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 10	6A)		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	CR: 081800015		CITY OR TOWN	NORFOLK
APPLICATION FO	OR RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 220 MA		AN		
CITY/TOWN: NC	ORFOLK	STATE: MA	ZIP CODE:	02056
MANAGER: CHI	IPMAN,PETER TY	PE OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
APPROX 2400 SQ I hereby certify and 1. the renev 2. the licen	F LICENSED PREMI FT RESTAURANT, swear under penalties wed license will be of see has complied with hises are now open for	CUSTOMER AREA is of perjury that: the same type for the all laws of the Comm	200 SQ FT. same premises now nonwealth relating to	
SIGNED BY	Individual, Partne	or Authorized Corpo	rate Officer	
DATE:	TELEPHON	IE NUMBER:		L IDENTIFICATION NUMBER:
Acts of 2004, signe	ed by the building in	spector and the head	of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				